

**EXECUTIVE BRANCH**

## **DEPARTMENT OF HOUSING**

**ORVILLE WHITESKUNK  
EXECUTIVE DIRECTOR**

### **Mutual-Help Housing Application Packet**

Complete each page in this packet thoroughly and submit all information marked below if it applies to your household.



- (X) **TRIBAL ID CARDS OR CERTIFICATE DEGREE OF INDIAN BLOOD:** For all persons listed in your household composition.
- (X) **SOCIAL SECURITY CARDS:** Copies for all persons listed in your household composition. (Please do not send originals)
- (X) **MARRIAGE LICENSE or DIVORCE DECREE:** Copy, if legally married.
- (X) **EMPLOYMENT VERIFICATION:** Copy of most recent check stubs for household members who are employed.
- (X) **GOVERNMENT INCOME (TANF, SSA, SSI, VA, etc.):** If applicable for all household members who receive these funds. Award Letter or copy of check.
- (X) **12 MONTHS' IIM STATEMENT from AGENCY:** For all who receive IIM listed on your household composition. You can request a printout of disbursements only.
- (X) **CHILD SUPPORT:** Documentation of how much you receive in child support if applicable.
- (X) **LAST YEAR'S INCOME TAX RETURN:** If applicable.
- (X) **SIGNATURES ON APPLICATION:** For all listed on your family composition 18 years and older.
- (X) **OTHER:** Have all people listed on your household composition 18 years and older sign over other family member over age 18. If you are not legally married, have your significant other sign also as other family member over age 18, also do not have them sign as spouse if not legally married. On page 3, relationship to applicant, list them as other adult.

Respectfully,

*Eileen Salcido*

*Eileen Salcido,  
Housing Specialist*

# HOME OWNERSHIP CHECKLIST



The following is a list of items that are needed in order to process your Cheyenne-Arapaho Housing Authority Home Ownership Application. Your Cheyenne-Arapaho Home Ownership Application will not be presented to the Board of Commissioners for approval until copies of these items are received. Please send copies of all items that apply to your application.

**<< Check everything that applies to your application >>**

- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS TRIBAL ID CARDS
- \_\_\_\_\_ ENCLOSE COPIES OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARDS
- \_\_\_\_\_ ENCLOSE COPY OF MARRIAGE LICENSE OR DIVORCE DECREE
- \_\_\_\_\_ ENCLOSE COPIES OF MOST RECENT PAYSTUBS FOR ALL HOUSEHOLD MEMBERS THAT ARE EMPLOYED
- \_\_\_\_\_ ENCLOSE COPIES OF IIM CHECKS FOR LAST THREE (3) MONTHS
- \_\_\_\_\_ ENCLOSE COPIES OF SSI CHECKS FOR THE LAST THREE (3) MONTHS

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## **HOMEBUYER CERTIFICATION:**

I/We certify that the above and attached information are complete and accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and residency.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Other Adult Signature

\_\_\_\_\_  
Date





## HOME OWNERSHIP PROGRAM FEATURES:



### WE SERVE THE FOLLOWING 3 PRIORITIES:

- 1<sup>st</sup>: Enrolled C-A Tribal Members;
- 2<sup>nd</sup>: Enrolled C-A Tribal minors, with Non-Enrolled custodial parents or guardians;
- 3<sup>rd</sup>: All other Tribal Members. (3<sup>rd</sup> Priority will only be served when there are no longer any C-A Tribal members needing housing).

### The following are requirements when applying for and purchasing a home through this program:

#### How to apply:

- Complete a Mutual-Help Application and be placed on the Waiting List;
- Every year after your placement on the Waiting List, you must submit an Annual **UPDATE Form** to remain on the Mutual-Help Housing Authority Waiting List. You will receive a Reminder Letter and Update form by mail to the address you last stated. Completely fill out the form and submit copies of current employment pay stubs, IIM letters, SSI letters etc. in order to keep your file up to date and to make sure you qualify to remain on the Mutual-Help Housing Waiting List.

#### If offered a home to become a new homeowner, please be advised:

- You must qualify on all Admission requirements listed in policies.
- You must pay a contribution fee prior to Admission to program.
- You must sign a Lease Agreement.
- You will be in a probationary period for (1) one year after admission into the program and any infractions will terminate your Lease Agreement.
- You will perform all maintenance on home and pay for any damage beyond normal wear & tear.
- You will be responsible for keeping the home safe & sanitary at all times.
- You must keep your utilities on at all times. Failure to do so could be considered as abandonment of home.
- You will be responsible for making your house payments in advance of the first of each month.
- You will recertify your household composition & income every (2) two years. Failure to do so will terminate your lease agreement.
- You will have your home inspected annually by the Housing Authority Inspectors. Failure to do so will terminate your Lease Agreement.

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I understand the above requirements and responsibilities of the Mutual-Help Housing Program and I am submitting an application:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Mutual-Help Housing Application



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

S.S.N.: \_\_\_\_\_ TRIBE: \_\_\_\_\_ ROLL NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ MSG Ph. #: (\_\_\_\_) \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

LANDLORD'S ADDRESS: \_\_\_\_\_  
STREET/PO BOX #                      CITY                      STATE                      ZIP

### PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS INCLUDING SPOUSE

Please list everyone that currently resides in the home. Attach a **copy** of all household members' social security cards, valid CDIB cards, Valid State ID or DL.

NAME	RELATION TO APPLICANT	D.O.B.	SOCIAL SECURITY NUMBER	TRIBE	ROLL #

Please include most recent pay stubs, **AWARD LETTERS** or **STATEMENTS** from **EMPLOYERS** with your application.

PERSON WITH INCOME	TYPE OF INCOME	MONTHLY AMOUNT

## **EMPLOYER INFORMATION:**

APPLICANT	NAME OF EMPLOYER	MAILING ADDRESS	Phone#
SPOUSE	NAME OF EMPLOYER	MAILING ADDRESS	Phone #
OTHER ADULT	NAME OF EMPLOYER	MAILING ADDRESS	Phone #

## **OTHER INCOME:**

SS/SSI \_\_\_\_\_ VA \_\_\_\_\_ IIM \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_  
PENSION \_\_\_\_\_ UNEMPLOYMENT \_\_\_\_\_ OTHER \_\_\_\_\_

NAME OF PERSON RECEIVING OTHER INCOME: \_\_\_\_\_



### **PLEASE READ & ANSWER THE FOLLOWING QUESTIONS AS BEST AS YOU CAN:**

Have you ever lived in a PUBLIC/INDIAN Housing Authority project? YES ☐ NO ☐

If YES, Where? \_\_\_\_\_

Do you own or are you purchasing a HOME? YES ☐ NO ☐

Do you own REAL ESTATE? YES ☐ NO ☐

Is anyone listed on this application HANDICAPPED or DISABLED? YES ☐ NO ☐

If YES, Who and What type? \_\_\_\_\_

Has anyone listed on this application ever been convicted of a Felony? YES ☐ NO ☐

If YES, Who and What type? \_\_\_\_\_

**Must list three (3) towns where you want to reside.** (Must also be in our 11 County Service area) See map for

[1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_

### **PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:**

- ☐ I certify that the information on this application is true and complete to the best of my knowledge.
- ☐ I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- ☐ I further understand that false information may disqualify me.
- ☐ I know that it is my responsibility to UPDATE my application every year and if I fail to do so, I will be removed from the WAITING LIST.

APPLICANT'S SIGNATURE: \_\_\_\_\_

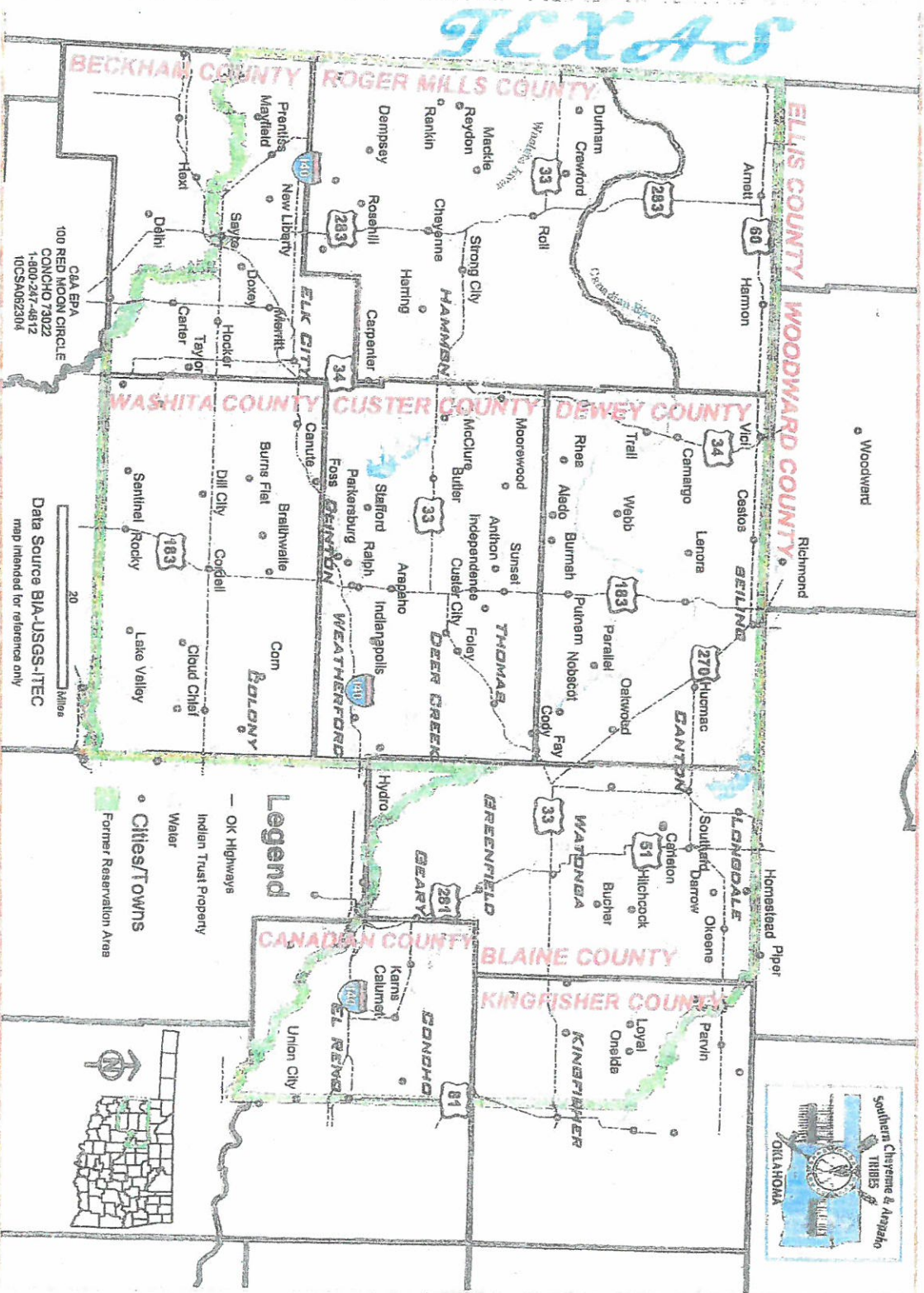
Date: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_



# Cheyenne & Arapaho Tribes of Oklahoma





## Authorization for the Release of Information/ Privacy Act Notice

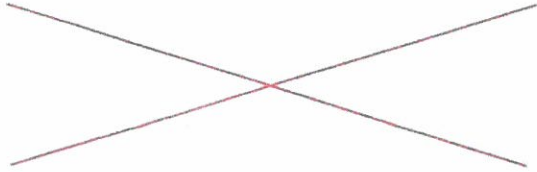
to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)



IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Cheyenne-Arapaho Housing Authority  
Housing Service Officer  
P.O. Box 1357  
Clinton, OK 73601

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.